| | SU SO NAV | THE DIVISION OF HE | | | | | | 35328 | | |
|---|---|---|--|--|--|--|---|--|--|--|
| | | | | | | | | STATE FILE NUMBER | | |
| Registration District No. Primary Registration District No. Registrar's No. | | | | | | | | | | |
| -1. PLACE OF DEATH a. COUNTY DUNKLIN | | | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Illinois b. COUNTY White State) | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MAEDEN, MO. | | | | | | c. CITY OR Erie 4 | | | 2 gres No 🗆 | |
| c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR Malden Air Base 3 MONTHS | | | | | | d. STREET (If outside, give location) ADDRESS Erie, Illinois. | | | Reside on For Yes No | <u>.</u> |
| 3. NAME OF DECEASED First (Type or print) BEVERELY | | | | W | IRENE HOWARD | | OP DEATH OC | DEATH OCTOBER 28,1957 | | |
| | // | | | 7. MARRIED N | EVER MARRIED DIVORCED | May.15,193 | 32 / 25 irthday) | Months Days | AR IF UNDER 2 | 24 HRS. Min, |
| | | | | INDUSTRY | INESS OR | | | l | | TRY? |
| 130 | | | | 13b. MOTHER'S MAIDEN NAM | | WE | 14, NAME OF HUSBA | • | | |
| | | | | 57 16. SOCIAL SECURITY NO. 17. INFORMANT Address | | | | | | |
| | 18. CAUSE OF DEATH (Enter only one cause pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | | | ese per line for (c). | | | | INTERVAL BETWEEN ONSET AND DEATH IN MEDICAL | | |
| | Conditions, if any, which gave rise to | | | pulmanay Embelum. | | | | (moneliate | | |
| Z | stating the | under- | } DUE TO (c) _ | · | · | | | | | |
| FICATION | PART II. OT | HER SI | GNIFICANT CONDI | TIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | T I (a) 19 | 19. WAS AUTOPSY PERFORMED2-2 YES NO | | |
| L CERT | 20⊲. ACCIDENT | SUICID | E HOMICIDE | 20b. DESCRIBE | HOW INJURY OCC | CURRED. (Enter nature of | injury in PART For PART | II of item 18.) | i | |
| MEDICA | 20c. TIME OF . Hour Month, Day, Year INJURY a.m. | | | | | | | | | |
| | 20d., INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | | | | | | | | |
| . | 21. I attended the deceased from 7-23-1957, to 10-27-57 and last saw her alive on 10-27-57 | | | | | | | | | |
| | | | | (Degree or title)* | e or title) 22b. ADDRESS | | | | 22c. DATE SIGNED | |
| | | - | | | • • | CREMATORY 23 | d. LOCATION (City, town, o | | (State) | |
| 24. | FUNERAL DIRECTO | ₹ | A | DDRESS | · 25. [| | | | men | • |
| L | | | | | | atement on Reverse Side) | 1 | | <u> </u> | |
| | 3. 5. F. 10° 13° 15° (Y. CERTIFICATION 23° 15° 15° 15° 15° 15° 15° 15° 15° 15° 15 | 1. PLACE OF DEATH a. COUNTY b. CITY (If outsice of MA. TOWN MA. C. FULL NAME OF HOSPITAL OR INSTITUTION 3. NAME OF DECEAS (Type or print) 5. SEX FOMALO 10a. USUAL OCCUPATION HOUSOW IT (1) 13a. FATHER'S NAME Chris En 15. WAS DECEASED EVE (Yes.) NOT unknown) (III 18. CAUSE OF DE PART II. OT 18. CAUSE OF DE PART II. OT 20a. ACCIDENT 19. 20d., INJURY OCCU WHILE AT NOT WORK 21. I ottended the de Decth occurred 22a. SIGNATURE 23a. BURIAL, CREMATION BRETTAL (Feecify) 24. FUNERAL DIRECTOR | 1. PLACE OF DEATH a. COUNTY DUN b. CITY (If outside corp OR MATDE c. FULL NAME OF (If N HOSPITAL OR MA 3. NAME OF DECEASED (Type or print) 5. SEX FOMALO 10a. USUAL OCCUPATION (Give HOUSOWITO 13a. FATHER'S NAME Chris Emo 15. WAS DECEASED EVER IN U (Yea, Nor unknown) (If yea, N 18. CAUSE OF DEATH (PART I. DEATH IMMEDIA Conditions, if any, which gave rise to obove cause (a), storting the under lying couse last, PART II. OTHER SI 20a. ACCIDENT SUICID WHILE AT NOT WHIL WORK 21. I ottended the decease Death occurred at 22a. SIGNATURE 23a. BURIAL, CREMATION, | 1. PLACE OF DEATH a. COUNTY DUNKLIN b. CITY (If outside corporate limits, give OR MAEDEN, MO. c. FULL NAME OF (If NOT in hospital, give HOSPITAL OR Malden Air HOSPITAL OR Malden Air BEVERE) 3. NAME OF DECEASED First BEVERE] 5. SEX 6. COLOR OR RACE White 10a. USUAL OCCUPATION (Give kind of work done House Wile) 11b. USUAL OCCUPATION (Give kind of work done House Wile) 11c. CAUSE OF DEATH (Enter only one cau PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 11s. CAUSE OF DEATH (Enter only one cau PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 11s. CAUSE OF DEATH (Enter only one cau PART II. OTHER SIGNIFICANT CONDITION (b) 12c. TIME OF Hour Month, Day, Year INJURY a.m. p.m. 20d. INJURY OCCURRED OF THE CONDITION (c) 21. I ottended the deceased from OF A CONDITION (c) 22a. SIGNATURE 22a. BURIAL, CREMATION, PURITE IN ORTH (c) 23b. BURIAL, CREMATION, PURITE IN ORTH (c) 24. FUNERAL DIRECTOR | Registration District No. 10 DUNKLIN BCUTY (If outside corporate limits, give TOWNSHIP only) OR MAEDEN, Mo CITY (If outside corporate limits, give TOWNSHIP only) OR MAEDEN, Mo CITY (If outside corporate limits, give TOWNSHIP only) OR MAEDEN, Mo CITY (If outside corporate limits, give TOWNSHIP only) OR MAEDEN, Mo Registration District No. 10 DATE OF MAEDEN, Mo CITY (If outside corporate limits, give TOWNSHIP only) DESTRUCTION I DESTRICT ONLY BEVERELY IR BEVERELY IR SEX Female White Widowed Industry In | FILED NOV 7 1957 Registration District No. 104 Pri 1. PLACE OF DEATH a. COUNTY DUNKLIN b. CITY (If outside corporate limits, give TOWNSHIP only) OR MALDEN, Mo. c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Malden Air Base 3 AAONTAS 3. NAME OF DECEASED First (Type or print) BEVERELY IRENE 5. SEX 6. COLOR OR RACE White White 10a. USUAL OCCUPATION (Give kind of work done divining most of welding life, even if retired) HOUSEWIT 6 10b. USUAL OCCUPATION (Give kind of work done divining most of welding life, even if retired) HOUSEWIT 6 112b. MOTHER'S NAME Chris Emo 113b. MOTHER'S MAIDEN NO WOR or detes of service) 115c. VAS DECEASED EVER IN U. S. ARMED FORCEST (Yes.) NO White print was CAUSED BY: IMMEDIATE CAUSE (a) 12c. Canditions, if any, which gave rise to choose course (a), storting the under: 12c. Immediate CAUSE (a) 20c. ACCIDENT SUICIDE HOMICIDE 20c. ACCIDENT SUICIDE HOMICIDE 20c. ACCIDENT SUICIDE HOMICIDE 20c. TIME OF Hour Month, Day, Year INJURY (e.g., iner about hom on the course of service), street, office bidg., etc.) 20c. TIME OF Hour Month, Day, Year INJURY (e.g., iner about hom form, factory, street, office bidg., etc.) 20c. TIME OF Hour Month, Day, Year INJURY (e.g., iner about hom form, factory, street, office bidg., etc.) 20c. TIME OF Hour Month, Day, Year INJURY (e.g., iner about hom form, factory, street, office bidg., etc.) 20c. TIME OF Hour Month, Day, Year INJURY (e.g., iner about hom form, factory, street, office bidg., etc.) 20c. SIGNATURE 20c. BURIAL, CREMATION, 22b. DATE 12c. NAME OF CEMETERY OR BUTTAL Florestify 10-30-57 Erie, Illim 21. FUNERAL DIRECTOR 22. SIGNATURE 22. SIGNATURE 23c. NAME OF CEMETERY OR BUTTAL DIRECTOR 24. FUNERAL DIRECTOR 25c. NAME OF CEMETERY OR BUTTAL DIRECTOR 25c. NAME OF CEMETER | FILED NOV 7 1957 Registration District No. | FILED NOV 7 1957 Registration District No. 104 Primary Registration District No. 4:716 Primary Registration District | FILED NOV 7 1957 STANDARD CERTIFICATE OF DEATH Registration District No. 1976 Primary Registration District No. 1976 Registration District No. 1976 Primary Registration District No. 1976 STATE FILEN Registration District No. 1976 STATE FILEN 2. USUAL RESIDENCE (Where deceased lived. Hi institution: or STATE III linois b. COUNTY Wint: Linois b. Count: | FILED NOV 7 1957 STANDARD CERTIFICATE OF DEATH Primary Registration District No. 4-126 STATE FILE NUMBER STATE FILE NUMBER Registration District No. 4-126 Regi |

RECEIVED DUNKLIN COUNTY H
DEPARTMENT // - 4 - 5
COUNTY FILE NUMBER // 5

Page ECOT!

STATEMENT BY LICENSED EMBALMER

working under my personal supervision.

igned 1

Licensed Embalmer No. 408

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.